

In the United States Court of Federal Claims

Robert A. Sparks

Plaintiff(s),

v.

THE UNITED STATES,

Defendant.

Case No. 20-635 C

Judge _____

COMPLAINT

Your complaint must be clearly handwritten or typewritten, and you must sign and declare under penalty of perjury that the facts are correct. If you need additional space, you may use another blank page.

If you intend to proceed without the prepayment of filing fees (*in forma pauperis* (IFP)), pursuant to 28 U.S.C. § 1915, you must file along with your complaint an application to proceed IFP.

1. **JURISDICTION.** State the grounds for filing this case in the United States Court of Federal Claims. The United States Court of Federal Claims has limited jurisdiction (*see e.g.*, 28 U.S.C. §§ 1491-1509).

On Sept 22 2017 I went to The Washington D.C. VA medical Center Dental clinic To get A Tooth Filled I WAS NOT Sick or Feeling Bad in Any way before They Filled The Tooth but after The Tooth was Filled on My way home From The VA I Started Getting Sick By the time I got Home I WAS Really Sick An I didnt know why By Sunday the 24th of Sept 2017 I WAS being admitted into The SICU Unit At The Washington D.C. VA medical Center, I Had

Received - USCFC

MAY 18 2020

2. PARTIES

Plaintiff, Robert Andrew Spans resides at 22060 Point Lookout RD #13
(Street Address)
LEONARDTOWN MD 20650 240 608 5566
(City, State, ZIP Code) (Telephone Number)

If more than one plaintiff, provide the same information for each plaintiff below.

RELATED CASES. Is this case directly related to any pending or previously filed cases in the United States Court of Federal Claims? ☐ Yes ☒ No

If yes, please list the case(s) below, including case number(s):

3. STATEMENT OF THE CLAIM. State as briefly as possible the facts of your case. Describe how the United States is involved. You must state exactly what the United States did, or failed to do, that has caused you to initiate this legal action. Be as specific as possible and use additional paper as necessary.

no I Deal What Was Happen To me
I Had To Under go Emergence Surger
With nothing For Pain and They
The ~~But~~ Doctor Told me if They
put me To sleep The were Affaird (Scard)
I would not Wake up. ~~After~~ ~~After~~
When I ASK The Doctor What Happen
To me Said I had AN Iffection
But They took care of. To MAKE A long
Story Short AFTER ASK For Two months
How I got The infection I Had To
Tell The person in The Dictory OFFIC
I WAS going To ASK Chanik Y NEWS
To Find out How I got sick
That's When A Doctor called me
And Told me it WAS the Dental
P~~E~~ procedure that gave me the infection.

4. RELIEF. Briefly state exactly what you want the court to do for you:

I would like to be compensated
for what they done to me pain & suffering also
in the amount (\$5) Five million dollars
My life has not and will not ever be the same

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of April, 2020
(day) (month) (year)

Rht A. Spive
Signature of Plaintiff(s)

P.S. I would like the court
to wave the court fee

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CERTIFICATE OF SERVICE

I hereby certify that on 29 April 2020, a copy of This suit

was mailed via Post Office ~~United State Clerk~~, to United State court clerk
at _____

[Signature]
(Signature of Applicant)

Robert SPARKS
(Printed Name)

22060 Pointlookout RD
(Street Address)

Leonard Town MD 20650
(City, State, ZIP Code)

240-608-5566
(Phone Number)